U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

| 1. File Number U - 12596 | 2. Fiscal Year Covered From: |
|---|--|
| | 1 / 1 / 2005 Through: 12 / 31 / 2005 |
| 3. Name and address of person filing. | 4. Name, file number, and address of labor organization. |
| Name EDMUND WRIGHT | Name LABORERS AFL-CIO LOCAL UNION 435 |
| | Labor Organization File Number 027-498 |
| P.O. Box, Bldg., Room No., if any | P.O. Box, Building and Room Number, if any 20 |
| Street MAPLE DR · | Street FOURTH ST |
| City WEBSTER | City ROCHESTER |
| State New York ZIP Code + 4 14580 | State New York ZIP Code + 4 14609 |
| 5. Position in labor organization. BUSINESS AGENT | |
| A. Held an interest in, engaged in transactions (including loans) with, o monetary value from an employer whose employees your organiza 6. Name and address of Employer (including trade name, if any). | 7.a. Nature of Interest, Transaction, or Income. |
| 6. Name and address of Employer (including trade name, if any). | |
| Name | |
| Trade Name, if any: | |
| | |
| P.O. Box, Bldg., Room No., if any | |
| P.O. Box, Bldg., Room No., if any | 7.b. Amount. |
| | |
| Street | |
| Street City State ZIP Code ÷ 4 | |
| Street City State ZIP Code ÷ 4 Signature and verification. The undersigned declares, under penalty of | 7.b. Amount. 7.b. Amount. |
| Street City State ZIP Code ÷ 4 Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompan | 7.b. Amount. 7.b. Amount. |

| Name of Person Filing EDMUND WRIGHT | | File Number U- 1259 |)6 | ·· |
|---|--|--|--|---|
| B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or otherword an employer whose employees your labor organization represents or is active (2) any part of which consists of buying from or selling or leasing directly or indicating with your labor organization or with a trust in which your labor organization. | vise dealing with the business rely seeking to represent, or irectly to, or otherwise | | | |
| 8. Name and address of Business (including trade name, if any). Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any 20 Street FOURTH ST City ROCHESTER State New York ZIP Code + 4 14609 | 9. Business deals with: a. Labor Organization b. Trust c. Employer | nc | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing | g. | | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any | LABORERS TRAINING & EDUCATION AND TRAIN TOPICS TO MEMBERS OF | ING ON CONSTRUC | TION RELATED | |
| Street | | e halasali | | |
| City | 11.b. Approximate dollar value | | <u> </u> | <u></u> |
| State ZIP Code + 4 | 12.a. Nature of interest held 3/8-3/9 REIMBURSEME PER DIEM FOR TRAVEL MEETING, NIAGRA FAL | NT OF EXPENSES TO NYS QUARTER | | |
| | 12.b. Amount. | | | \$671 |
| C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money | r parts A and B above) | | And the second s | |
| 13.a. Name and address of Employer or Labor Relations Consultant | 14.a. Nature of payment. | | | |
| (including trade name, if any). | | \$. | | |
| Trade Name, if any: | | | | |
| P.O. Box, Bldg., Room No., if any | | ÷ | | A Commence of the Commence of |
| State ZIP Code + 4 | | the condensated the state of th | · · · · · · · · · · · · · · · · · · · | |
| 13.b. Is the Business an Employer or Consultant? | 14.b. Amount of payment. | | | |

| Name of Person Filing EDMUND | WRIGHT | File Number U- 12596 | |
|------------------------------|--------|----------------------|--|
| | | | |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|--|---------------------------------------|
| Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND | a. Labor Organization | |
| Trade Name, if any: | a. Labor Organization | |
| | b. Trust | |
| P.O. Box, Bldg., Room No., if any 20 | Bergamini | |
| Street FOURTH ST | c. Employer | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | LABORERS TRAINING & APPRENTICE FUND EDUCATION AND TRAINING ON CONSTRUCT | |
| | TOPICS TO MEMBERS OF LABORERS' LOCA | AL 435: |
| Trade Name, if any: | and the same of th | |
| P.O. Box, Bldg., Room No., if any | | |
| Street | | \$\$ · · |
| | de de constant de | , |
| City | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | |
| | 4/28/05 REIMBURSEMENT OF EXPENSES A | |
| | CONFERENCE IN GLENMONT, NY | CONSTRUCTION |
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| | | · |
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| | | · · · · · · · · · · · · · · · · · · · |
| | 12.b. Amount. | \$269 |

| | Name of Person Filing EDMUND | WRIGHT | | File Number U- 12596 |
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|--|------------------------------|--------|--|----------------------|

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|--|--|----------------|
| Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND Trade Name, if any: | a. Labor Organization | |
| P.O. Box, Bldg., Room No., if any 20 | b. Trust | |
| Street FOURTH ST | c. Employer | |
| City ROCHESTER | | |
| State New York ZIP Code + 4 14609 | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City | LABORERS TRAINING & APPRENTICE FUN EDUCATION AND TRAINING ON CONSTRUCTOPICS TO MEMBERS OF LABORERS LOCA | rion related 🤫 |
| State ZIP Code + 4 | 11,b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | |
| | 5/18-5/19 REIMBURSEMENT FOR EXPENS OF PER DIEM FOR TRIP TO WESTERN NY | |
| | | , 4 |
| | | |
| | 12.b. Amount. | * , . |

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|------------------------------|--------|------------------------|-------------|--|
| Name of Person Filing EDMUND | WRIGHT | File Number U - | 12596 | |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
|--|--|
| Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND | a. Labor Organization |
| Trade Name, if any: | a case, engonication |
| P.O. Box, Bldg., Room No., if any 20 | b. Trust |
| Street FOURTH ST | c. Employer |
| City ROCHESTER | |
| State New York ZIP Code + 4 14609 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name (| LABORERS TRAINING & APPRENTICE FUND PROVIDES |
| Name | EDUCATION AND TRAINING ON CONSTRUCTION RELATED |
| Trade Name, if any: | TOPICS TO MEMBERS OF LABORERS' LOCAL 435. |
| The second secon | , |
| P.O. Box, Bldg., Room No., if any | |
| Street | , |
| City | ,] |
| | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. |
| | 6/6-6/7 REIMBURSEMENT OF EXPENSES AND PROVISION OF |
| | PER DIEM FOR TRAVEL TO NYS QUARTERLY TRAINING & APPRENTICE MEETING IN ALBANY, NY. |
| | APPRENTICE PRETINCT IN ALBANT, NI. |
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| | And the second s |
| | 12.b. Amount. \$489 |

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|------------------------------|------|----------------|---------------------------------------|--|
| Name of Person Filing EDMUND | | | 12596 | |

| Name and address of Business (including trade name, if any). | 9. Business deals with: | |
|---|--|---------------|
| Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND | a. Labor Organization | |
| Trade Name, if any: | | |
| P.O. Box, Bldg., Room No., if any 20 | b. Trust | |
| Street FOURTH ST | c. Employer | |
| City ROCHESTER | | |
| State New York : ZIP Code + 4 [14609] | | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. | |
| Name | LABORERS TRAINING & APPRENTICE FUND | |
| TRAITIC | EDUCATION AND TRAINING ON CONSTRUCT TOPICS TO MEMBERS OF LABORERS LOCA | |
| Trade Name, if any: | TOPICS TO MEMBERS OF DEPOKERS, DOCK | u, 433. |
| P.O. Box, Bldg., Room No., if any | | · |
| 1.O. Dox, Didg., Nooil No., 11 any | | |
| Street | | |
| City | | |
| | | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. | |
| | 12.a. Nature of interest held or income received. | |
| | 4/12 REIMBURSEMENT FOR EXPENSES AND | |
| | PER DIEM FOR TRAVEL TO CAREERS IN CONFERENCE IN ITHACA, NY. | ONSTRUCTION . |
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| | T de de la constantina della c | |
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| | 12.b. Amount. | \$271 |

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|--|--------|---------------------------------------|
| Name of Person Filing EDMUND | WRIGHT | File Number U- 12596 |

| 8. Name and address of Business (including trade name, if any). | 9. Business deals with: |
|---|---|
| Name ROCHESTER LABORERS TRAIN'G & APPRENTCE FUND | a. Labor Organization |
| Trade Name, if any: | |
| P.O. Box, Bldg., Room No., if any 20 | b. Trust |
| Street FOURTH ST | c. Employer |
| City ROCHESTER | |
| State New York ZIP Code +4 14609 | |
| 10. If 9.b. or 9.c. is checked give trust or employer's name. | 11.a. Nature of such dealing. |
| Name | LABORERS TRAINING & APPRENTICE FUND PROVIDES |
| | EDUCATION AND TRAINING ON CONSTRUCTION RELATED TOPICS TO MEMBERS OF LABORERS LOCAL 435. |
| Trade Name, if any: | DOTTES TO MEMBERGY OF EADORERS ESCAL 435. |
| P.O. Box, Bldg., Room No., if any | |
| F.O. DOX, Diug., ROUII NO., It ally | |
| Street | |
| City | `, |
| City | |
| State ZIP Code + 4 | 11.b. Approximate dollar value of such dealing. |
| | 12.a. Nature of interest held or income received. |
| | 10/17 REIMBURSEMENT OF EXPENSES AND PROVISION OF |
| • | PER DIEM FOR TRAVEL TO NYS QUARTERLY APPRENTICE MEETING IN WILLIAMSVILLE, NY. |
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| | 12.b. Amount. \$200 |